



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 TITLE VI COORDINATOR
 WILLIAM R. SNODGRASS TENNESSEE TOWER
 312 ROSA L. PARKS AVENUE, 2ND FLOOR
 NASHVILLE, TN 37243

CHECK HERE IF YOU ARE INCLUDING
 ATTACHMENTS RELEVANT TO THIS
 COMPLAINT

TITLE VI COMPLAINT SUBMISSION

RETURN FORM AND SUPPORTING
 DOCUMENTATION TO THIS ADDRESS

TITLE VI OF THE 1964 CIVIL RIGHTS ACT REQUIRES THAT "NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECT TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE."

NOTE: THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR COMPLAINT. SHOULD YOU REQUIRE ANY ASSISTANCE TO COMPLETE THIS FORM, CONTACT THE TITLE VI COORDINATOR AT THE ABOVE ADDRESS.

I. COMPLAINANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE	WORK PHONE
STREET ADDRESS		CITY	STATE	ZIP
				EMAIL

II. COMPLAINT FILED BY

ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF? YES NO IF YES, GO TO SECTION III

IF YOU ANSWERED NO, SUPPLY THE NAME AND RELATIONSHIP OF THE PERSON FOR WHOM YOU ARE COMPLAINING:

EXPLAIN WHY YOU HAVE FILED FOR A THIRD PARTY

CONFIRM THAT YOU HAVE PERMISSION OF THE AGGRIEVED PARTY IF YOU ARE FILING ON BEHALF OF A THIRD PARTY

YES, HAVE PERMISSION NO, DO NOT HAVE PERMISSION

III. REASON FOR DISCRIMINATION

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON YOU BELIEVE THE DISCRIMINATION TOOK PLACE - CHECK ALL THAT APPLY: <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> NATIONAL ORIGIN SPECIFY	DATE OF THE ALLEGED DISCRIMINATION <input type="text"/>
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EXPLAIN AS CLEARLY AS POSSIBLE WHAT HAPPENED AND WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST.

DESCRIBE ALL PERSONS WHO WERE INVOLVED. INCLUDE THE NAME AND CONTACT INFORMATION OF THE PERSON(S) WHO DISCRIMINATED AGAINST YOU (IF KNOWN) AS WELL AS THE NAMES AND CONTACT INFORMATION OF ANY WITNESSES. ATTACH ADDITIONAL PAGES AS NEEDED.

PERSON'S NAME	PHONE	EMAIL	RESPONSIBLE FOR DISCRIMINATION	WITNESS TO DISCRIMINATION
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

LAST NAME FIRST NAME MIDDLE INITIAL

IV. AGENCY OR DEPARTMENT

NAME OF AGENCY OR DEPARTMENT WITH WHICH YOU ARE FILING YOUR COMPLAINT HAVE YOU FILED A TITLE VI COMPLAINT AGAINST THIS AGENCY BEFORE? YES NO

NAME OF INDIVIDUAL YOU ARE FILING YOUR COMPLAINT AGAINST TITLE

CONTACT INFORMATION OF INDIVIDUAL YOUR ARE FILING AGAINST PHONE EMAIL

V. OTHER AGENCIES OR DEPARTMENTS INVOLVED

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER FEDERAL, STATE, OR LOCAL AGENCY OR COURT? YES NO IF YES, CHECK BELOW ALL THAT APPLY AND SPECIFY AGENCY, DEPARTMENT OR COURT INVOLVED.

FEDERAL AGENCY SPECIFY:
 FEDERAL COURT
 STATE AGENCY
 STATE COURT
 LOCAL AGENCY

GIVE PERSON NAME WHERE COMPLAINT WAS FILED TITLE

AGENCY NAME AGENCY ADDRESS PHONE EMAIL

VI. SIGNATURE

 _____ DATE SIGNED _____
SIGNATURE

PRINTED NAME

TDEC USE ONLY

REVIEWED BY DATE COMMENTS

NOTES